

READ YOUR OUTLINE OF COVERAGE

Group Accident Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Adobe Inc.**

The Outline of Coverage provides a very brief summary of the important features of the Group Accident Insurance. The Outline of Coverage is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control.

To access and read your Outline of Coverage:

• If you are a **RESIDENT** of one of the following states, click on your state of residence on the following page: **Alaska**, **Arkansas**, **Colorado**, **Connecticut**, **Florida**, **Idaho**, **Louisiana**, **Minnesota**, **Mississippi**, **Missouri**, **Montana**, **Nebraska**, **New Hampshire**, **New Mexico**, **North Carolina**, **North Dakota**, **Ohio**, **Oklahoma**, **South Carolina**, **South Dakota**, **Texas**, **Utah**, **Vermont**, **Washington**, **West Virginia**, **Wisconsin**, or **Wyoming**.

OR

 If you do not reside in one of the above listed states, click on the GROUP POLICY ISSUANCE STATE on the following page. The GROUP POLICY ISSUANCE STATE is: CALIFORNIA

It is important that you follow the above directions and click on the link for the state that applies to you. Some of the information in the Outline of Coverage varies by state.

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information and any questions you have about this important coverage.

The Outlines of Coverage start on page 3.

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ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	and type of repair	\$100 – \$8,000 depending on the fracture and type of repair \$100 – \$8,000 depending on the
Dislocation Benefit*	, ,	dislocation and type of repair
Second or Third Degree Burn Benefit	of the burn and the percentage of burnt	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
Laceration Benefit Broken Tooth Benefit	the cut and type of repair Crown: \$100 Filling: \$15 Extraction:	\$50 – \$400 depending on the length of the cut and type of repair Crown: \$200 Filling: \$25 Extraction: \$100
BIOREII TOOTII BEITEIT		
Eye Injury Benefit		\$300
	Low Plan Benefits - Additional	
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Treatment Benefits Ambulance Benefit Emergency Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit (including physical therapy)	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200

Transportation Benefit	\$200	\$300
		\$75
Pain Management Benefit		One device: \$750
Deserthantia Davisa Davis fit		
Prosthetic Device Benefit	· ·	More than one device: \$1,500
Modification Benefit		\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
	\$100 - \$1,000 depending on the type of	\$150 – \$1,500 depending on the type of
Surgical Repair Benefit	surgery	surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Blan Banefite Additional
	limitations may apply, including the	High Plan Benefits - Additional
Hospital Benefits	number of times each benefit is	limitations may apply, including the
	payable. Please refer to the Certificate	number of times each benefit is payable. Please refer to the Certificate for details.
	for details.	Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
ICU Supplemental Confinement		
Benefit (paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(naid for up to 1E days nor assident		
but not to exceed 15 days per	\$75 per day	\$150 per day
calendar year)		
	Low Plan Benefits - Additional	High Diag Barafita Additional
	limitations may apply, including the	High Plan Benefits - Additional
Paralysis Benefit	number of times each benefit is	limitations may apply, including the number of times each benefit is payable.
	payable. Please refer to the Certificate	Please refer to the Certificate for details.
	for details.	Please refer to the Certificate for details.
Darohusis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Dian Danasita Additional
	limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is payable.
	payable. Please refer to the Certificate	Please refer to the Certificate for details.
	for details.	ricase refer to the certificate for details.
Lodging Benefit* - for a companion		
of a covered person who is	h	†400 l
hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of poison, gas or fumes:
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury that results directly from an Accident or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury that results directly from an Accident;
 - correct a disorder of normal bodily function or structure that was caused by an injury that
 results directly from an Accident for which coverage is not otherwise excluded under this
 Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury that
 results directly from an Accident for which coverage is not otherwise excluded under this
 Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;

- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

• a covered person while incarcerated in any type of penal or detention facility.

Intoxicants and Controlled Substances

We will not be liable for any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician.

Illegal Occupation or Commission of a Felony

We will not be liable for any loss for a covered person to which a contributing cause was:

- the covered person's commission of or attempt to commit a felony; or
- such covered person being engaged in an illegal occupation
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

o,	Fremiums. Fremiums for this insurance are shown in the enclosed materials. Fremiums for this
	coverage are subject to change in accordance with the provisions of the Group Policy.



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- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional	High Dlan Panafits Additional
		High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
·		
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	,	1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	4400	4000
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$200 per day
(paid for up to 365 days per	3100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
22,5 per sareman year,	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
-	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Dorelisia	\$5,000 – \$10,000 depending on the	\$10,000 - \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverag	ge are subject to	change in accord	ance with the	provisions of the	Group Policy.	
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8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



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- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
	payable. Please refer to the Certificate for details.	payable. Please refer to the Certificate for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
Lyc Injury Deneme		
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services &	limitations may apply, including the number of times each benefit is payable. Please refer to the	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	7100 per day	poor per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Paralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Falalysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.
End of Arkansas

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

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Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
	payable. Please refer to the Certificate for details.	payable. Please refer to the Certificate for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
Lyc Injury Deneme		
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services &	limitations may apply, including the number of times each benefit is payable. Please refer to the	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	6100 man day	6200 manday
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$200 per day
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
au jo per careriaar yearj	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
,	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
5 1 .	\$5,000 – \$10,000 depending on the	\$10,000 - \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year

• Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;

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- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

•	coverage are subject to change in accordance with the provisions of the Group Policy.
	End of Colorado

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this

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ACCIDENT-ONLY-COVERAGE

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Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Assidental Injury Reposits	number of times each benefit is	number of times each benefit is
Accidental Injury Benefits		
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
	4000	¢200
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
		1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
	\$100 – \$1,000 depending on the type	\$150 - \$1,500 depending on the type
Surgical Repair Benefit	of surgery	of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
, ,	·	
Home Care Benefit	\$25 per day	\$25 per day
(paid no more than 10 days per		
accident and 20 days lifetime)		
Accidental Ingestion Outpatient		
Treatment		
Benefit:		
Emergency Room	\$100	\$200
Urgent Care Facility	\$100	\$200
Physician's Office	\$100	\$200
(paid no more than \$500 per		
accidental ingestion and per		
calendar year)		
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	2100 per day	2500 per day
accident)		
Accidental Ingestion		
Confinement Benefit	¢E0 por day	¢E0 por day
(paid for up to 30 days per ingestion and 30 days per	\$50 per day	\$50 per day
calendar year)		
100.7		l

Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Paralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Falalysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50
benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the voluntary use, of any:
- controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by a physician for the covered person; or
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;

- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

• a covered person while incarcerated in any type of penal or detention facility.

Participation in a Riot means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this
	coverage are subject to change in accordance with the provisions of the Group Policy.
	End of Connecticut



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Assidental Injury Reposits	number of times each benefit is	number of times each benefit is
Accidental Injury Benefits		
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
	4000	¢200
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
		1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	4400	4000
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$200 per day
(paid for up to 365 days per	3100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
22,5 per sareman year,	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
-	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Dorelisia	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY COVERAGE
GROUP POLICY FORM NO: GPNP12-AX-fp-3, et al
CERTIFICATE FORM NO: GCERT16-AX-fp-1, et al.

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2)** Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Benefit percentage of burnt skin of burnt skin Concussion Benefit \$200 \$250 Coma Benefit \$5,000 \$7,500 \$25 – \$200 depending on the length of the cut and type of repair the cut and type of repair Crown: \$100 Filling: \$15 Extraction: Crown: \$200 Filling: \$25 Extraction \$100 Eye Injury Benefit \$200 \$300 Eye Injury Benefit \$200 \$300 Accident - Medical Services & Treatment Benefits Accident	Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dislocation Benefit* dislocation and type of repair \$50 - \$5,000 depending on the degree of the burn and the percentage of burnt skin Concussion Benefit Concussion Benefit \$200 \$250 Coma Benefit \$5,000 \$25 - \$200 depending on the length of the cut and type of repair Crown: \$100 Filling: \$15 Extraction: Broken Tooth Benefit \$200 \$300 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ambulance Benefit Ground: \$200 Air: \$750 Ground: \$300 Air: \$1,000 \$100 - \$100 depending on location \$200 - \$200 depending on the length the degree of the burn and the percentage of burnt skin 650 \$50 - \$400 depending on the length the cut and type of repair Crown: \$200 Filling: \$25 Extraction: \$100 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$200 - \$200 depending on location \$200 - \$200 depending on location of the pair of times and type of repair Crown: \$200 Filling: \$25 Extraction S100 Ground: \$300 Air: \$1,000	Fracture Benefit*	fracture and type of repair	fracture and type of repair
Second or Third Degree Burn Benefit degree of the burn and the percentage of burnt skin Concussion Benefit \$200 \$250 Coma Benefit \$5,000 \$25 – \$200 depending on the length of the cut and type of repair Crown: \$100 Filling: \$15 Extraction: Broken Tooth Benefit \$200 \$25 – \$200 depending on the length the cut and type of repair Crown: \$100 Filling: \$15 Extraction: \$50 \$300 Eye Injury Benefit \$200 \$300 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ambulance Benefit Ground: \$200 Air: \$750 \$100 – \$200 depending on location \$200 – \$200 depending on location \$200 – \$200 depending on location	Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
Coma Benefit \$5,000 \$7,500 \$25 - \$200 depending on the length of the cut and type of repair the cut and type of repair Crown: \$100 Filling: \$15 Extraction: \$100 Broken Tooth Benefit \$50 \$100 Eye Injury Benefit \$200 \$300 Accident - Medical Services & Treatment Benefits Treatment Benefits Ground: \$200 Air: \$750 Ground: \$300 Air: \$1,000 \$100 - \$100 depending on location \$200 - \$200 depending on location \$20	_	degree of the burn and the	degree of the burn and the percentage
\$25 – \$200 depending on the length of the cut and type of repair the cut and type of repair Crown: \$100 Filling: \$15 Extraction: \$100 Eye Injury Benefit \$200 Eye Injury Benefit \$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ambulance Benefit Ground: \$200 Air: \$750 \$100 - \$200 depending on the length the cut and type of repair Crown: \$200 Filling: \$25 Extraction \$100 \$100 - \$400 depending on the length the cut and type of repair Crown: \$200 Filling: \$25 Extraction \$100 \$100 - \$100 depending on location \$200 Filling: \$25 Extraction \$100 \$100 - \$200 depending on location \$200 Filling: \$25 Extraction \$100 \$100 - \$200 depending on location \$200 - \$200 depending	Concussion Benefit	\$200	\$250
Laceration Benefit of the cut and type of repair Crown: \$100 Filling: \$15 Extraction: \$50 Eye Injury Benefit Accident - Medical Services & Treatment Benefits Treatment Benefits Ambulance Benefit of the cut and type of repair Crown: \$200 Filling: \$25 Extraction \$100 \$100 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ambulance Benefit of the cut and type of repair Crown: \$200 Filling: \$25 Extraction \$100 \$200 \$200	Coma Benefit	\$5,000	\$7,500
Eye Injury Benefit \$200 \$300 Accident - Medical Services & Treatment Benefits Treatment Benefits Ambulance Benefit \$200 \$300 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 Ground: \$300 Air: \$1,000 \$100 - \$100 depending on location \$200 - \$200 depending on location of the control of times each benefit is payable. Please refer to the Certificate for details.		of the cut and type of repair Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Accident - Medical Services & Treatment Benefits Treatment Benefits Ambulance Benefit Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ambulance Benefit Corund: \$200 Air: \$750 Since Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 Since Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Since Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Since Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Since Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Since Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	Broken Tooth Benefit	\$50	\$100
Accident - Medical Services & limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ambulance Benefit Ground: \$200 Air: \$750 Ground: \$300 Air: \$1,000 \$100 - \$100 depending on location \$200 - \$200 depending on location	Eye Injury Benefit	\$200	\$300
\$100 – \$100 depending on location \$200 – \$200 depending on location		limitations may apply, including the number of times each benefit is payable. Please refer to the	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
	Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
Non-Emergency Initial Care	Emergency Care Benefit Non-Emergency Initial Care	\$100 – \$100 depending on location of care	\$200 – \$200 depending on location of care
Benefit \$100 \$200		\$100	\$200
Physician Follow-Up Visit Benefit \$100 \$200	Physician Follow-Up Visit Benefit	\$100	\$200
Therapy Services Benefit (including physical therapy) \$50 \$75		\$50	¢75

	\$150	\$250
Medical Testing Benefit		
Wiedied Testing Benefit	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
	Ċ.C.	ėze.
Pain Management Benefit	\$50 One device: \$500	\$75
	<u>'</u>	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
	\$100 – \$1,000 depending on the type	\$150 – \$1,500 depending on the type
Surgical Repair Benefit	of surgery	of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
ICU Supplemental Confinement Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	4	4450
accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Paralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
i didiyələ	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Other Benefits	limitations may apply, including the	limitations may apply, including the
	number of times each benefit is	number of times each benefit is

	payable. Please refer to the Certificate for details.	payable. Please refer to the Certificate for details.
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

- The Certificate does not provide benefits for any loss for a covered person caused or contributed by: the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, or riot;
- the covered person's participation in a felony;
- dental care or treatment or cosmetic surgery, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's alcoholism or drug addiction;
- the covered person's mental, or emotional disorders or treatment of such mental, or emotional disorders except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's performance of professional aviation duties for wage or profit;
- if acting in a professional capacity for wage or profit, the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for selfpreservation;
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received; or
- if acting in a professional capacity for wage or profit, the covered person hang gliding, para-kiting, or sail-gliding.

- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.
	End of Idaho



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional	High Plan Renefits Additional
		High Plan Benefits - Additional
A said antal lainna Banafita	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
}		
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	,	1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per	\$100 per day	\$300 per day
accident) ICU Supplemental Confinement Benefit (paid for up to 365 days per	\$100 per day	\$300 per day
accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
Paralysis Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this
	coverage are subject to change in accordance with the provisions of the Group Policy.
	Fnd of Louisiana

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ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional	High Plan Panafits Additional
		High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
·		
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	,	1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
	\$100 – \$1,000 depending on the type	\$150 – \$1,500 depending on the type
Surgical Repair Benefit	of surgery	of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
Hospital Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Paralysis Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.

Accident Prevention Screening Benefit -	\$50	\$50
benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, of:
 - any narcotic, unless it is:
 - taken or used as prescribed by a physician;
 - the covered person's voluntary use of poison, gas, or fumes;
- with respect to the Accidental Dismemberment /Paralysis Benefits section of this certificate, the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.	
Find of Minnesota	
Fnd of Minnesota	

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this

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ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
. ,	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Accident - Medical Services &	limitations may apply, including the	limitations may apply, including the
Treatment Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Cortificate for details	for details
Ambulanca Ranofit	Certificate for details.	for details.
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
		Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Ground: \$200 Air: \$750 \$100 – \$100 depending on location	Ground: \$300 Air: \$1,000
Emergency Care Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Emergency Care Benefit Non-Emergency Initial Care	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Emergency Care Benefit Non-Emergency Initial Care Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
<u> </u>	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
other outputient surgery benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
Hospital Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		4
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
Paralysis Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY-COVERAGE

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HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
	payable. Please refer to the Certificate for details.	payable. Please refer to the Certificate for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
Lyc Injury Denemit		
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services &	limitations may apply, including the number of times each benefit is payable. Please refer to the	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	¢100 nor dov	\$200 per dev
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	3100 per day	3300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
, . r	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Daralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.
Fnd of Missouri

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2)** Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$50 – \$3,000 depending on the fracture and type of repair	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$50 – \$5,000 depending on the degree of the burn and the percentage of burnt skin	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
Laceration Benefit	\$25 – \$200 depending on the length of the cut and type of repair	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$100 Filling: \$15 Extraction: \$50	Crown: \$200 Filling: \$25 Extraction: \$100
Eye Injury Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
	limitations may apply, including the number of times each benefit is payable. Please refer to the	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Ambulance Benefit Emergency Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Treatment Benefits Ambulance Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	¢100 nor dov	\$200 per dev
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	3100 per day	3300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
, . r	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Daralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) Premiums. The premium rates for this insurance take into consideration benefit levels, the demographics of the insured group, the applicable industry, and other risk-related rating factors. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

The applicable Premium for you is shown in the enclosed rate sheet.

Please complete the following estimated annual premium information once you have made your coverage selections using the premium rates supplied by us. (to be completed by applicant)
Estimated annual premium \$
At this time there is no trend information regarding premium increases and decreases to disclose.
 End of Montana



ACCIDENT-ONLY-COVERAGE

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OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
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- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Assidental Injury Reposits	number of times each benefit is	number of times each benefit is
Accidental Injury Benefits		
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
	4000	¢200
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
		1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200

Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	6400	4200
(paid for up to 365 days per	\$100 per day	\$300 per day
accident) ICU Supplemental Confinement		
Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15		
days per calendar year)	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
i didiyolo bellelle	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Coroning Densit	\$50	\$50
Health Screening Benefit -	l [*]	I *

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.				
End of Nobracka				

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

	Lava Blanc Barra Co. A. L. Co.	High Diag Days Co. A Little
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
2. S. C. I TOGAT DETICITE	755	
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
Eye Injury Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the	\$300 High Plan Benefits - Additional limitations may apply, including the
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Eye Injury Benefit Accident - Medical Services & Treatment Benefits	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Eye Injury Benefit Accident - Medical Services & Treatment Benefits	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	4400	4200
(paid for up to 365 days per	\$100 per day	\$300 per day
accident) ICU Supplemental Confinement		
Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15		
days per calendar year)	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
i didiyolo bellelle	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50
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benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
 - alcohol in combination with any drug, medication, or sedative;
 - the covered person's voluntary inhalation of gas, or fumes or voluntary taking of poison;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war (the term "war" does not include terrorist acts);
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.
Fnd of North Carolina

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 74 North Carolina



ACCIDENT-ONLY-COVERAGE

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- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

GOC16-AX 75 New Hampshire

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit		
(Chip fractures are paid at 25% of	A range of \$50 – \$3,000 depending	A range of \$100 – \$8,000 depending
the applicable fracture benefit)	on the fracture and type of repair	on the fracture and type of repair
Dislocation Benefit	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
(Partial dislocations are paid at	dislocation and type of repair	dislocation and type of repair
25% of the applicable dislocation		
benefit)	4-0-4-00-1	A== 442.222 I
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut	the cut
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
Accident - Medical Care and Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
	\$100 – \$100 depending on location	\$200 – \$200 depending on location of
Emergency Care Benefit	of care	care
Non-Emergency Initial Care		
Benefit	\$100	\$200
Physician Follow-Up Visit Benefit	\$100	\$200
Therapy Services Benefit		
(including physical therapy)	\$50	\$75
	\$150	\$250
Medical Testing Benefit		

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Transfusion Benefit	\$300	\$400
	Minor Surgery: \$500	Minor Surgery: \$1,000
Surgery Benefits:	Major Surgery: \$1,000	Major Surgery: \$2,000
Other Outpatient Surgery Benefit	\$200	\$300
Hospital Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		4
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.

Lodging Benefit - for a		
companion of a covered person		
who is hospitalized (the lodging		
must be at least 50 miles from		
insured's primary residence)	\$75 per day	\$100 per day

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis, care or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in a wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat or provide care for an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis, care or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;

- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this
	coverage are subject to change in accordance with the provisions of the Group Policy.
	End of New Hampshire

Notice for New Mexico Residents

The following notice is provided in accordance with New Mexico requirements.

The coverage provided under your benefits plan or policy underwritten by Metropolitan Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the testing, diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

- 1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
- 2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at 1-833-862-3935.
- 3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or visit https://www.yes.state.nm.us/yesnm/home/index
- 4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at 1-844-728-7896 or https://nmmip.org/". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at https://www.cdc.gov/ or http://cv.nmhealth.org/.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.



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- **2)** Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$50 – \$3,000 depending on the fracture and type of repair	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$50 – \$5,000 depending on the degree of the burn and the percentage of burnt skin	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
Laceration Benefit	\$25 – \$200 depending on the length of the cut and type of repair	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$100 Filling: \$15 Extraction: \$50	Crown: \$200 Filling: \$25 Extraction: \$100
Eye Injury Benefit	\$200	\$300
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
	\$100 – \$100 depending on location	\$200 – \$200 depending on location of
Emergency Care Benefit	of care	care
Non-Emergency Initial Care Benefit	\$100	\$200
Physician Follow-Up Visit Benefit	\$100	\$200
Therapy Services Benefit		
(including physical therapy)	\$50	\$75
	\$150	\$250
Medical Testing Benefit		
Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
Prosthetic Device Benefit	One device: \$500	One device: \$750

	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
Hospital Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission	64 000 familia day 5 day 5	62 000 familia day of 1 1 1
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
Paralysis Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year	\$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 86 New Mexico



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2)** Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Lava Blanc Barra Co. A. L. Co.	High Diag Days Co. A Little
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
	755	1
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
Eye Injury Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the	\$300 High Plan Benefits - Additional limitations may apply, including the
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Eye Injury Benefit Accident - Medical Services & Treatment Benefits	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

Madical Appliance Denefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Medical Appliance Benefit	арриансе	арриансе
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
	\$100 – \$1,000 depending on the type	\$150 – \$1,500 depending on the type
Surgical Repair Benefit	of surgery	of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
ICU Supplemental Confinement Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15	, , , , , , , , , , , , , , , , , , , ,	,,
days per calendar year)		
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Danielos in Danielos	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.

Accident Prevention Screening Benefit -	\$50	\$50
benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;

- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.	
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8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 91 North Dakota



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Assidental Injury Reposits	number of times each benefit is	number of times each benefit is
Accidental Injury Benefits		
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
	4000	¢200
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
		1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	¢100 nor dov	\$200 per dev
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	3100 per day	3300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
, . r	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Daralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
. ,	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Accident - Medical Services &	limitations may apply, including the	limitations may apply, including the
Treatment Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Cortificate for details	for details
Ambulanca Ranofit	Certificate for details.	for details.
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
		Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Ground: \$200 Air: \$750 \$100 – \$100 depending on location	Ground: \$300 Air: \$1,000
Emergency Care Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of
Emergency Care Benefit Non-Emergency Initial Care	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care
Emergency Care Benefit Non-Emergency Initial Care Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100 \$100	Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	6100 man day	6200 manday
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$200 per day
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
au jo per careriaar yearj	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
,	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
5 1 .	\$5,000 – \$10,000 depending on the	\$10,000 - \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

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 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war—this exclusion only applies to a covered person
 while serving in the military or an auxiliary unit attached to the military or working in an area of
 war whether voluntarily or as required by an employer;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;

- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
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- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.
End of OklahomaEnd of Oklahoma

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 101 Oklahoma



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Lava Blanc Barra Co. A. L. Co.	High Diag Days Co. A Little
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
	755	1
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
Eye Injury Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the	\$300 High Plan Benefits - Additional limitations may apply, including the
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Eye Injury Benefit Accident - Medical Services &	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Eye Injury Benefit Accident - Medical Services & Treatment Benefits	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Eye Injury Benefit Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	\$200 Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	\$300 High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	6400	4200
(paid for up to 365 days per	\$100 per day	\$300 per day
accident) ICU Supplemental Confinement		
Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15		
days per calendar year)	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
i didiyolo bellelle	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Coroning Densit	\$50	\$50
Health Screening Benefit -	l [*]	I *

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

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 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.		
End of South Carolina		

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 106 South Carolina



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits Certificate and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2)** Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$50 – \$3,000 depending on the fracture and type of repair	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$50 – \$5,000 depending on the degree of the burn and the percentage of burnt skin	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
Laceration Benefit Broken Tooth Benefit	\$25 – \$200 depending on the length of the cut and type of repair Crown: \$100 Filling: \$15 Extraction: \$50	\$50 – \$400 depending on the length of the cut and type of repair Crown: \$200 Filling: \$25 Extraction: \$100
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
Accident - Medical Services & Treatment Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
Emergency Care Benefit Non-Emergency Initial Care	\$100 – \$100 depending on location of care	\$200 – \$200 depending on location of care
Benefit	\$100	\$200
Physician Follow-Up Visit Benefit	\$100	\$200
Therapy Services Benefit (including physical therapy)	\$50	\$75

	\$150	\$250
Medical Testing Benefit		
Wiedlear resting Benefit	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Wicdical Appliance Benefit	аррианее	аррианес
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
Other Outpatient Surgery Benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
nospital belieffes	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission	\$1,000 for the day of admission	\$2,000 for the day of admission
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit		•
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	3100 per day	2500 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15 days per calendar year)		
days per careridal year;	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
i didiyolo Dellelle	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
Other Benefits	limitations may apply, including the number of times each benefit is	limitations may apply, including the
	number at times and benefit is	number of times each benefit is

	payable. Please refer to the Certificate for details.	payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain	\$50	\$50
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

CO/	verage are subj	ect to change in a	ccordance with	the provision	s of the Group Po	olicy.
			-End of South [Dakota		

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 111 South Dakota



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Panafits Additional
		High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
·		
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	,	1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
other outputternt ourgery benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
·	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident) ICU Supplemental Confinement		
Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15		, , , ,
days per calendar year)	Low Plan Benefits - Additional	High Diag Dangfite Additional
		High Plan Benefits - Additional limitations may apply, including the
Paralysis Benefit	limitations may apply, including the number of times each benefit is	number of times each benefit is
Paralysis beliefit	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50
Health Scieening beliefit -		I *

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

•	coverage are subject to change in accordance with the provisions of the Group Policy.
	Full (Trans
	End of Texas

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2)** Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Accidental Injury Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$50 – \$3,000 depending on the fracture and type of repair	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$50 – \$5,000 depending on the degree of the burn and the percentage of burnt skin	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
Laceration Benefit	\$25 – \$200 depending on the length of the cut and type of repair	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$100 Filling: \$15 Extraction: \$50	Crown: \$200 Filling: \$25 Extraction: \$100
	¢200	4200
Eye Injury Benefit	\$200	\$300
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 – \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit (including physical therapy)	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200

Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
-	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
Hospital Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission	¢4 000 fauth a day of a during an	¢2 000 for the day of adviseing
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
Paralysis Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year	\$50 Paid 1 time per calendar year

Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's voluntary active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or

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- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this
	coverage are subject to change in accordance with the provisions of the Group Policy.
	End of Utah



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
Accidental injury benefits	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	Certificate for details.	Tor details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	·	·
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	¢100 nor dov	\$200 per dev
(paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement		
Benefit	\$100 per day	\$300 per day
(paid for up to 365 days per	3100 per day	3300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per accident but not to exceed 15	\$75 per day	\$150 per day
days per calendar year)		
, . r	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Daralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary and felonious use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.
	Fnd of Vermont



ACCIDENT-ONLY-COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

Benefits provided under the Certificate are non-coordinated - this means that benefits are payable without regard to any other coverage that you may have.

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

DISCLOSURE STATEMENT

- 1) Read Your Certificate Carefully This disclosure statement provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Group Policy itself will include in detail the rights and obligations of both the Group Policyholder and us. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY
- 2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses

resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300

Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$300 Air: \$1,000
	\$100 – \$100 depending on location	\$200 – \$200 depending on location of
Emergency Care Benefit	of care	care
Physician Follow-Up Visit Benefit	\$100	\$200
Therapy Services Benefit		
(including physical therapy)	\$50	\$75
Medical Testing Benefit	\$150	\$250
Wedical resting benefit	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
Hospital Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit	\$75 per day	\$150 per day

(paid for up to 15 days per accident but not to exceed 15		
days per calendar year)		
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Paralysis	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Screening Benefit -	\$50	\$50
benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

We will not pay benefits for the covered person's injury due to voluntary use, by any means, of poison, gas or fumes.

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- **7) Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life

8)	Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.
	End of Washington

Insurance Company's obligation to you. Services will not be performed by our third-party

administrator(s) if prohibited by mutual agreement with a group customer.



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Panafits Additional
		High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
·		
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	,	1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

Transportation Benefit \$200 \$300 Pain Management Benefit \$550 \$75 One device: \$5500 One device: \$750 Prosthetic Device Benefit More than one device: \$1,000 More than one device: \$1,500 Blood/Plasma/Platelets Benefit \$5500 \$1,000 Blood/Plasma/Platelets Benefit \$5500 \$1,000 Surgical Repair Benefit \$500 \$1,000 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,000 depending on the of surgery \$150 - \$1,000 depending on the number of times each benefit is payable. Please refer to the Certificate for details. Paralysis Benefit \$1,000 for the day of admission \$1,000 for the day of admission \$1,000 for the day of admission \$2,000 for the day of	Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
One device: \$500 One device: \$750	Transportation Benefit	\$200	\$300
Prosthetic Device Benefit More than one device: \$1,000 More than one device: \$1,500 Modification Benefit \$500 \$1,000 \$1,000 \$400 \$1,000 \$1,000 \$1,000 \$1,000 depending on the type of surgery of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 depending on the type of surgery	Pain Management Benefit	\$50	\$75
Modification Benefit \$500 \$1,000 Blood/Plasma/Platelets Benefit \$300 \$400 Surgical Repair Benefit \$100 – \$1,000 depending on the type of surgery \$150 – \$1,500 depending on the type of surgery Exploratory Surgery Benefit \$100 \$150 Other Outpatient Surgery Benefit \$200 \$300 Hospital Benefits Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Admission Benefit \$1,000 for the day of admission \$2,000 for the day of admission ICU Supplemental Admission Benefit (paid for up to 365 days per accident) \$100 per day \$300 per day ICU Supplemental Confinement Benefit (paid for up to 365 days per accident but not to exceed 15 mumber of times each benefit is payable. Please refer to the Certificate for details. High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Paralysis Benefit \$5,000 – \$10,000 depending on the number of limbs \$10,000 – \$20,000 dep		One device: \$500	One device: \$750
Blood/Plasma/Platelets Benefit Surgical Repair Benefit Exploratory Surgery Benefit Hospital Benefits Hospital Benefits Admission Benefit Cortificate for details. Admission Benefit Confinement Benefit (paid for up to 365 days per accident but not to exceed 15 days per calendar year) Paralysis Benefit Paralysis Blood/Plasma/Platelets Benefit \$300 \$150 - \$1,500 depending on the type of surgery of surgery of surgery of surgery of surgery of surgery \$150 - \$1,500 depending on the type of surgery of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the type of surgery \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 depending on the pumber of limbs \$150 - \$1,500 - \$1,500 depending on the pumber of	Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Surgical Repair Benefit Surgery Exploratory Surgery Benefit Exploratory Surgery Benefit Other Outpatient Surgery Benefit Hospital Benefits Certificate for details. Admission Benefit (paid for up to 365 days per accident) ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) Inpatient Rehabilitation Benefit (paid for up to 365 days per accident) Paralysis Benefit Paralysis Paralysis S100	Modification Benefit	\$500	\$1,000
Surgical Repair Benefit of surgery of surgery Exploratory Surgery Benefit \$100 \$150 Other Outpatient Surgery Benefit \$200 \$300 Hospital Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Admission Benefit \$1,000 for the day of admission \$2,000 for the day of admission ICU Supplemental Admission Benefit \$1,000 for the day of admission \$2,000 for the day of admission Confinement Benefit (paid for up to 365 days per accident) \$100 per day \$300 per day ICU Supplemental Confinement Benefit (paid for up to 365 days per accident but not to exceed 15 days per accident but not to exceed 15 days per acident but not to exceed 15 days per calendar year) \$75 per day \$150 per day Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Paralysis Benefit *\$5,000 - \$10,000 depending on the number of limbs \$10,000 - \$20,000 depending on the number of limbs	Blood/Plasma/Platelets Benefit	\$300	\$400
Exploratory Surgery Benefit Other Outpatient Surgery Benefit Hospital Benefits Hospital Benefits Certificate for details. Admission Benefit Confinement Benefit (paid for up to 365 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per aclendar year) Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Paralysis Paralysis Source Sum Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Source Sum Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Source Sum Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	Surgical Repair Benefit	• • • • • • • • • • • • • • • • • • • •	
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Standard S	Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident) ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) Paralysis Benefit Paralysis Paralysis Paralysis \$100 per day \$100 per day \$300 per day \$300 per day \$300 per day \$150 per day	ICU Supplemental Admission		
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Solution		\$100 per day	\$300 per day
Benefit (paid for up to 365 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) **Paralysis Benefit** Paralysis Paralysis **Paralysis** \$100 per day \$300 per day \$300 per day \$150 per day \$150 per day **Impatient Rehabilitation Benefit \$75 per day \$150 per day **Impatient Rehabilitation Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. **Paralysis** \$5,000 - \$10,000 depending on the number of limbs \$10,000 - \$20,000 depending on the number of limbs	,		
(paid for up to 365 days per accident) Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) **Paralysis Benefit** Paralysis** \$100 per day \$300 per day \$150 per day \$150 per day **Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) **Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. **Paralysis** Paralysis** \$100 per day \$150 per day **High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. \$5,000 - \$10,000 depending on the number of limbs			
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) Paralysis Benefit		\$100 per day	\$300 per day
(paid for up to 15 days per accident but not to exceed 15 days per calendar year)\$75 per day\$150 per dayParalysis BenefitLow Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.Paralysis\$5,000 - \$10,000 depending on the number of limbs\$10,000 - \$20,000 depending on the number of limbs			
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Accident but not to exceed 15 days per calendar year) Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Paralysis Paralysis Paralysis Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. \$5,000 - \$10,000 depending on the number of limbs	(paid for up to 15 days per	\$75 per day	\$150 per day
Paralysis Benefit Paralysis Benefit Paralysis Paralysis Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. \$5,000 - \$10,000 depending on the number of limbs Paralysis Paralysis Cow Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. \$10,000 - \$20,000 depending on the number of limbs		7.5 pc. da,	7 200 pc. da,
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Certificate for details. for details. \$5,000 - \$10,000 depending on the number of limbs \$10,000 - \$20,000 depending on the number of limbs	Paralysis Benefit		
Paralysis \$5,000 – \$10,000 depending on the number of limbs \$10,000 – \$20,000 depending on the number of limbs			
number of limbs number of limbs			
	Paralysis	· -	
limitations may apply, including the limitations may apply, including the			
Other Benefits number of times each benefit is number of times each benefit is	Other Benefits		
payable. Please refer to the payable. Please refer to the Certificate		payable. Please refer to the	payable. Please refer to the Certificate
Certificate for details. for details.			, ,
	Health Screening Benefit -	\$50	\$50
	Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 137 Wisconsin



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Panafits Additional
		High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$50 - \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
·		
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	,	1
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200 \$200

	\$50 – \$500 depending on the	\$75 – \$750 depending on the
Medical Appliance Benefit	appliance	appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
other outputtent surgery benefit	Low Plan Benefits - Additional	High Plan Benefits - Additional
Hospital Benefits	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$75 per day	\$150 per day
Paralysis Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Paralysis	\$5,000 – \$10,000 depending on the number of limbs	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit -	\$50	\$50

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

GOC16-AX 142 West Virginia



ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO

HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
- **2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- **3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Accidental Injury Benefits	number of times each benefit is	number of times each benefit is
Accidental injury benefits	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	Certificate for details.	Tor details.
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Fracture Benefit*	fracture and type of repair	fracture and type of repair
	\$50 – \$3,000 depending on the	\$100 – \$8,000 depending on the
Dislocation Benefit*	dislocation and type of repair	dislocation and type of repair
	\$50 – \$5,000 depending on the	\$75 – \$10,000 depending on the
Second or Third Degree Burn	degree of the burn and the	degree of the burn and the percentage
Benefit	percentage of burnt skin	of burnt skin
Concussion Benefit	\$200	\$250
Coma Benefit	\$5,000	\$7,500
	\$25 – \$200 depending on the length	\$50 – \$400 depending on the length of
Laceration Benefit	of the cut and type of repair	the cut and type of repair
	Crown: \$100 Filling: \$15 Extraction:	Crown: \$200 Filling: \$25 Extraction:
Broken Tooth Benefit	\$50	\$100
Eye Injury Benefit	\$200	\$300
Eye Injury Benefit	\$200 Low Plan Benefits - Additional	\$300 High Plan Benefits - Additional
	·	·
Accident - Medical Services &	Low Plan Benefits - Additional	High Plan Benefits - Additional
	Low Plan Benefits - Additional limitations may apply, including the	High Plan Benefits - Additional limitations may apply, including the
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is
Accident - Medical Services &	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident - Medical Services & Treatment Benefits	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000
Accident - Medical Services & Treatment Benefits Ambulance Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 - \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200
Accident - Medical Services & Treatment Benefits Ambulance Benefit Emergency Care Benefit Non-Emergency Initial Care Benefit Physician Follow-Up Visit Benefit Therapy Services Benefit	Low Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$200 Air: \$750 \$100 - \$100 depending on location of care \$100 \$100	High Plan Benefits - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. Ground: \$300 Air: \$1,000 \$200 – \$200 depending on location of care \$200 \$200

Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$200	\$300
Pain Management Benefit	\$50	\$75
	One device: \$500	One device: \$750
Prosthetic Device Benefit	More than one device: \$1,000	More than one device: \$1,500
Modification Benefit	\$500	\$1,000
Blood/Plasma/Platelets Benefit	\$300	\$400
Surgical Repair Benefit	\$100 – \$1,000 depending on the type of surgery	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$150
Other Outpatient Surgery Benefit	\$200	\$300
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Hospital Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission		
Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	6100 manday	6200 man day
(paid for up to 365 days per	\$100 per day	\$300 per day
accident) ICU Supplemental Confinement		
Benefit		
(paid for up to 365 days per	\$100 per day	\$300 per day
accident)		
Inpatient Rehabilitation Benefit		
(paid for up to 15 days per	\$75 per day	\$150 per day
accident but not to exceed 15		
days per calendar year)	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Paralysis Benefit	number of times each benefit is	number of times each benefit is
i didiyolo bellelle	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
	\$5,000 – \$10,000 depending on the	\$10,000 – \$20,000 depending on the
Paralysis	number of limbs	number of limbs
	Low Plan Benefits - Additional	High Plan Benefits - Additional
	limitations may apply, including the	limitations may apply, including the
Other Benefits	number of times each benefit is	number of times each benefit is
	payable. Please refer to the	payable. Please refer to the Certificate
	Certificate for details.	for details.
Health Coroning Densit	\$50	\$50
Health Screening Benefit -	l [*]	I *

benefit provided for certain		
screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Lodging Benefit* - for a		
companion of a covered person		
who is hospitalized	\$75 per day	\$100 per day

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit the lodging must be at least 50 miles from insured's primary residence.

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;

- correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person's performance of professional aviation duties for wage or profit;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba
 diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and
 any other climbing equipment. For the purposes of this exclusion the term mountaineering does
 not include backpacking, mountain biking, hiking or trail running.

- a covered person while incarcerated in any type of penal or detention facility.
- **5)** When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- **6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

coverage are subject to change in accordance with the provisions of the Group Policy.
End of Wyoming

8) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this

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